



ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	gmc	21092	6/24/98
O.I.P.E. CLASSIFIER			6-28-98
FORMALITY REVIEW	KAD	61080	7/14/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	10/10/99
2	11/11/99
3	12/12/99
4	13/13/99
5	14/14/99
6	15/15/99
7	16/16/99
8	17/17/99
9	18/18/99
10	19/19/99
11	20/20/99
12	21/21/99
13	22/22/99
14	23/23/99
15	24/24/99
16	25/25/99
17	26/26/99
18	27/27/99
19	28/28/99
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31	40/40/99
32	41/41/99
33	42/42/99
34	43/43/99
35	44/44/99
36	45/45/99
37	46/46/99
38	47/47/99
39	48/48/99
40	49/49/99
41	50/50/99
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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